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## APPLICANTS


Lincoln Rodon, Coral Gables, FL;

## \*\* CONTINUING DATA \*\*\*\*\*

(None)  


## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

(None)  
IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 8	TOTAL CLAIMS 86	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature  Initials					

## ADDRESS

51738  
BAKER & MCKENZIE LLP  
Pennzoil Place, South Tower  
711 Louisiana, Suite 3400  
HOUSTON, TX 77002-2716

## TITLE

Travel Value Index

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